

**Amendments to the Claims**

Claims 1-83 (Canceled).

Claim 84 (Previously presented): A method for providing point of service medical reporting, comprising:

receiving a selection of a patient procedure code from a care provider on a first computer at a point of service;

receiving a selection of at least one diagnosis code from the care provider on the first computer at the point of service;

linking the patient procedure code to the at least one diagnosis code on the first computer at the point of service.

Claim 85 (Previously presented): The method of claim 84 further comprising electronically sending patient data including the patient procedure code and the at least one diagnosis code from the first computer to a second computer.

Claim 86 (Previously presented): The method of claim 85 further comprising displaying the patient procedure code and the at least one diagnosis code on a display of the first computer prior to the step of electronically sending.

Claim 87 (Previously presented): The method of claim 85 further comprising generating a patient bill at the second computer, the patient bill associated with the patient data.

Claim 88 (Previously presented): The method of claim 84 further comprising associating the patient procedure code and the at least one diagnosis code with patient data including patient identifying information.

Claim 89 (Previously presented): The method of claim 84 further comprising sending patient data, including patient identifying information to the first computer from a second computer prior to the steps of receiving a selection of a patient procedure code and receiving a selection of a diagnosis code.

Claims 90-91 (Canceled).

Claim 92 (New): A method for providing code-driven point of service medical reporting, comprising:  
receiving a selection of a patient procedure code from a care provider on a first computer at a point of services;  
receiving a selection of at least one diagnosis code from the care provider on the first computer at the point of service;  
linking the patient procedure code to the at least one diagnosis code on the first computer at the point of service such that a record of a care provider defined relationship between the patient procedure code and the at least one diagnosis code is maintained.

Claim 93 (New): The method of claim 92 further comprising generating a bill based on the patient procedure code and the at least one diagnosis code.